

Office of the Assisted Living Registrar

***PROPOSED HEALTH AND SAFETY STANDARDS
AND RELATED POLICIES***

July 19, 2004



Office of the Assisted Living Registrar Proposed Health and Safety Standards and Related Policies

INTRODUCTION

These policies contain the Registrar's interpretation of proposed health and safety standards that will be set out in the *Community Care and Assisted Living Regulation*. The standards will be high-level and outcome-based. This means that rather than prescribe how to do something, the standards will state the outcome to be achieved. The Registrar's policies elaborate on the desired outcomes in each of the proposed standards. Examples of compliance are also included to provide further guidance to registrants.

The proposed health and safety standards¹ are:

- #1: Registrants must provide a safe, secure and sanitary environment for residents.
- #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.
- #3: Registrants must ensure sufficient staff are available to meet the service needs of residents and that staff have the knowledge and ability to perform their assigned tasks.
- #4: Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.
- #5: Registrants must develop and maintain *personal services plans* that reflect each resident's needs, risks, service requests and service plan.
- #6: Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

This document provides the reader with the proposed standards, followed by a table that contains the Registrar's related policies in the left-hand column and examples of compliance in the right-hand column. This format should make it easy to locate the proposed standards and related policies.

A multi-stakeholder work group, including a number of operators, developed the examples of compliance. These examples are *not* intended to limit or dictate how operators will achieve the intended outcomes stated in the Registrar's policies and proposed standards. Operators are encouraged to adopt other innovative approaches and procedures that produce the desired outcome. The applicability of the examples will vary depending on the setting (e.g., size of residence) and the resident population. What is appropriate in a large residence may not work in a smaller one. Operators can use the examples as a guide to determining how they will comply with each of the policies and proposed standards.

¹ Note to reader – the wording and number of the proposed standards may be modified as the health and safety regulations are developed.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance²
1.1 Environment	
1.1.1 Registrants must ensure that building design, construction and occupancy comply with the requirements of applicable legislation, regulations, bylaws and codes.	• Records showing all required approvals and permits to operate are in place; e.g., • occupancy permit • food premises permit • Records of inspections by various authorities; e.g., • fire authority • environmental health
1.1.2 Registrants ensure the design of common areas and resident units accommodates the special needs of their resident population	• Building design allows freedom of movement and provides a barrier free environment for persons with disabilities; e.g., • elevator for multi-story residence • wheelchair accessibility • bathrooms designed for persons with disabilities • adequate space for the safe mobility of persons using walkers and/or other mobility aids • adequate space for attendants to assist residents with mobility and/or activities of daily living • adaptable design, such as adaptable doorways for wheelchair accessibility, or alternate faucet handles and door handles • Spot checks of residents' units demonstrate that the design is appropriate to their needs
1.1.3 Registrants must provide adequate and appropriate social and recreational space for residents.	• Common space for social and recreational activities is: (a) proportionate to the number of residents, and (b) appropriate for the resident population

² Please see introductory comments on page 1 - these examples are provided only as a guide. Operators are encouraged to adopt other innovative approaches and procedures that will produce the desired outcome stated in the policy.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance ²
1.2 Building maintenance	
1.2.1 Registrants must maintain buildings and grounds in a good state of repair and a safe and sanitary condition, and in compliance with the requirements of applicable legislation, regulations, bylaws and codes.	• All required permits are current • Documentation that applicable inspections have been conducted at required intervals • Documentation that any orders have been acted upon to the satisfaction of the regulatory body • Scheduled building maintenance and equipment replacement is consistent with industry practice • Pest control program in place • Housekeeping schedules and quality checks of common areas³ (e.g., inspections, audits) are consistent with industry practice • Spot checks of different areas demonstrate the building and grounds are in good repair and sanitary; e.g., • Furnishings and equipment are in good repair • no obvious odours • no build up of dirt • no pests • no obvious build up of garbage on the grounds • no obvious hazards for residents due to poor maintenance; e.g. tripping hazards • no safety hazards such as frayed cords or plugs, or unsafely placed electrical extension cords • Survey results show resident satisfaction with building maintenance and housekeeping (common areas)

³ Housekeeping services for resident units are addressed in the hospitality services section, Draft Standard #2.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance ²
1.3 Security	
1.3.1 Registrants must provide building security that protects residents from intruders.	• Security measures are appropriate to building design, environmental risk factors and the resident population • Spot checks suggest ease of access for residents • There is a 24/7 response capacity to breaches of security, (e.g., alarm linked to security company, link to the 24/7 resident emergency response service) • Staff are trained to deal with breaches of security; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • Residents and families have been oriented to the importance of building security • Emergency numbers for breaches of security are posted • Incidents where security is breached are documented and appropriate action is demonstrated • Survey results show resident satisfaction with building security
1.3.2 Registrants must maintain the privacy of residents' personal information in accordance with applicable legislation, using it only as required in the delivery of services.	• Policies detail the circumstances under which residents' personal information may be accessed and who may access the information • Staff orientation includes maintaining the privacy and confidentiality of resident personal information • Staff discussions regarding residents are held in private areas • Resident files and personal information are stored in a secure manner; e.g. • Locked file cabinets • Locked room • Computer security

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance ²
1.3.3 Registrants must respect resident privacy, provide lockable doors to resident units and a lockable cabinet within each resident unit for valuables.	• Resident privacy is respected; e.g., • written policies respecting resident privacy • staff request permission prior to entry • staff prearrange access wherever possible • progressive follow up is used, starting with least intrusive, when a resident does not appear when expected • emergency access to resident units is undertaken, only when all other options for verifying the safety of the resident have failed • Staff are trained to respect resident privacy; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training
1.4 Emergency preparedness & fire safety	
1.4.1 Registrants must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies.	• Emergency alarm systems are appropriate to the needs of the resident population; e.g., • Visual system to alert people who are deaf • The unique needs of residents are recorded in their <i>personal services plans</i>⁴ • The emergency plan documents the support each resident requires to self-preserve; e.g. • Degree of direction required • Degree of physical assistance required • Documentation that residents have been educated regarding emergency protocols; e.g.

⁴ The *personal services plan* is an agreement between the individual resident and the operator, and includes: the nature of the resident's needs and service requests, the risks the resident is facing and a plan for the delivery of services. The plan is developed at the point of entry to the residence and is updated on a regular basis.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance ²
	• Documentation of drills • Emergency plan is posted showing exits, emergency shut off valves, location of fire extinguishers
1.4.2 Registrants must ensure that staff are trained to respond appropriately to emergencies.	• An emergency plan is in place covering all types of emergencies (e.g., bomb threat, earthquake, forest fire, flood, presence of firearms or other weapons) and includes an evacuation plan and linkages to the community emergency response plan • Staff are trained to use safety equipment and respond to emergencies; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • Documentation shows that, where staff are not on site 24/7, residents have been trained to respond appropriately to emergencies
1.4.3 Registrants must ensure the fire safety requirements of the local fire authority are met.	• Fire safety plan submitted to, and reviewed with, the local fire authority • Fire authority inspection reports, orders and correspondence demonstrate compliance with all requirements; e.g., • fire drills • maintenance of fire detection and safety equipment
1.5 Accidents, deaths and medical emergencies	
1.5.1 Registrants must respond immediately and appropriately to missing residents, accidents, medical emergencies or deaths.	• There are written policies to guide the response to missing residents, accidents, medical emergencies or deaths • Staff are trained to respond to missing residents, accidents, medical emergencies or deaths; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • Where staff are not available 24/7,

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.

Policy	Examples of compliance ²
	residents are trained to respond appropriately in the event of missing residents, accidents, medical emergencies or deaths • One staff person with valid first aid certification is on the premises or in close proximity at all times • Serious incidents are documented and investigated; actions taken to adjust procedures are noted • A well-equipped first aid kit is kept in a convenient location and staff are aware of the location
1.6 Infectious outbreaks	
1.6.1 Registrants must have a plan in place to prevent, contain and report infectious outbreaks.	• Written policies and procedures provide guidance for: • Preventing and containing infectious outbreaks • reporting infectious outbreaks to the local Health Authority and Medical Health Officer • Registrant has received advice on appropriate policies/procedures from the local health authority or the Centre for Disease Control • Staff are trained to respond to infectious outbreaks and the use of "universal precautions"; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training
1.7 Resident abuse, neglect and self-neglect	
1.7.1 Registrants must protect residents from abuse or neglect and respond promptly and effectively to allegations of abuse or neglect.	• Written policies provide guidance for: • Preventing abuse and neglect by residence staff • Identifying potential abuse and neglect by family, friends or other parties • reporting allegations of abuse and

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Proposed Standard #1: Registrants must provide a safe, secure and sanitary environment for residents.	
Policy	Examples of compliance ²
	neglect • protecting resident health and safety during abuse/neglect investigations • coordinating with other agencies such as the police, funding agency, Office of the Public Guardian and Trustee, and local abuse and neglect Designated Agency • coordinating with local licensing officers where the building houses both registered and licensed units, and staff are shared • Documentation of abuse and neglect complaint follow up shows that the residence's policies are complied with • Staff are trained in the prevention of, and response to, resident abuse, neglect and self-neglect; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training
1.7.2 Registrants must maintain a record of incidents that occur within the residence and report serious incidents ⁵ to the Registrar.	• Written policies provide guidance to staff for documenting all incidents, including injuries that require emergency care or transfer to hospital

⁵ Serious incidents include: attempted suicide by a resident, unexpected deaths reported to the Coroner; disease outbreaks reported to the local Medical Health Officer; instances of abuse or neglect by operator staff reported to the local abuse and neglect Designated Agency or the Public Guardian and Trustee; and medication errors that require emergency care by a physician or transfer to hospital.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
2.1 Laundry	
2.1.1 Registrants must provide sanitary, non-allergenic flat linens and similar personal laundry, where a personal laundry service is offered.	• Where laundry services are provided on-site: • Documentation shows detailed procedures, consistent with infection control practices, for producing sanitary and non-allergenic flat linens • Documentation shows staff are trained on laundry procedures; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • Maintenance records show regular monitoring of laundry equipment and repairs as required • A spot check demonstrates that laundry practices meet generally accepted industry practices; e.g., separate areas for clean and soiled laundry • Documentation shows that laundry staff are trained in infection control practices • Where laundry services are provided off-site, quality control standards are documented • Survey results show resident satisfaction with laundry services
2.1.2 Registrants must store clean laundry in a manner that prevents contamination.	• A spot check of the linen storage area demonstrates that there are no apparent unsanitary conditions

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
2.1.3 Registrants must change linens at time intervals necessary to avoid health issues.	• Written policies set out when linens are to be changed and provide flexibility to ensure this service is appropriate to individual resident needs • The unique needs of residents are recorded in their <i>personal services plans</i>³ • Service schedules demonstrate that laundry services have been adjusted to meet individual resident needs • There is no indication of stains, dampness or odor associated with flat linens that are in use • The inventory demonstrates there is an adequate supply of linens to maintain scheduled changes
2.1.4 Registrants must provide residents with access to safe and sanitary personal laundry equipment (or provide a personal laundry service).	• Cleaning and maintenance records demonstrate that laundry equipment provided for resident use is maintained in a safe and sanitary condition • A spot check demonstrates that laundry equipment meets generally accepted industry practices
2.2 Housekeeping⁶	
2.2.1 Registrants must provide housekeeping in resident units that maintain a safe, clean and sanitary environment.	• Written policies and procedures cover a range of housekeeping practices; e.g., • Routine and spot cleaning • Storage of cleaning supplies and equipment • Resident safety while cleaning is in progress • Move-in/move-out cleaning • Housekeeping policies set out frequency of service and provide flexibility to ensure service is appropriate to individual resident needs • The unique needs of residents are

⁶ Applies to resident units only. Housekeeping services for common areas is addressed under building maintenance.

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Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
	recorded in their <i>personal services plans</i>³ • Cleaning schedules and records demonstrate that service is provided according to residence policy • Staff are trained on housekeeping procedures for resident units; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • Spot checks of residents' units demonstrate that: • Housekeeping services meet acceptable industry standards • there are no safety hazards such as frayed cords or plugs, or unsafely placed electrical extension cords • Survey results show resident satisfaction with housekeeping services provided in resident units
2.3 Meals	
2.3.1 Registrants must offer meals that provide balanced and adequate nutrition for residents.	• Menus for the past year demonstrate that: (a) meals are based on Canada's Food Guide to Healthy Eating (b) menu rotations are used to provide balanced nutrition and (c) menu options are available to ensure adequate nutrition for residents with a variety of health conditions • Staff are trained to deliver meals according to menus; e.g., • Orientation materials • Training modules • Records of staff participation in orientation and training • A spot check demonstrates that: (a) meals are nutritious, (b) meals follow Canada's Food Guide to Healthy Eating, and (c) menu options are available to residents as required for their health conditions • Survey results show resident satisfaction with: (a) the nutritional value of meals

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Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
	provided, and (b) the variety and choice in meal selections
2.3.2 Registrants must establish an individual dietary plan with residents who require a special or therapeutic diet, have food allergies or intolerances, and/or have special needs associated with chewing or swallowing.	• Documentation shows that residents have an opportunity to: (a) identify their need for special or therapeutic diets; and/or diets to address food allergies or intolerances, (b) identify needs associated with chewing and swallowing ability, and (c) provide input to menu planning to meet these needs; e.g., • Policies and procedures • Resident handbook • The unique dietary needs/plans of residents are recorded in their <i>personal services plans</i>³ • A spot check demonstrates that meals are offered in accordance with individual resident dietary plans • Survey results show resident satisfaction with: (a) their involvement in menu planning, and (b) the residence's response to their special dietary needs • Where resident involvement in meal planning and preparation is required for the resident population (e.g., mental health program) this is reflected in the personal services plan
2.3.3 Registrants must ensure that residents can access meals.	• Policies make provision for: • Meals being available in resident units when residents are temporarily confined to their units for medical reasons • Adaptive dishes, cups and cutlery are accommodated (i.e., where provided by resident) or provided as required • Residents are assisted in getting to the dining room as required
2.3.4 Registrants must obtain appropriate professional advice (dietitian or food service supervisor/diet technician) to plan menu rotations, special or therapeutic diets, and food	• Documentation shows that appropriate professional advice and instruction has been obtained to: (a) ensure proper planning of special or therapeutic diets,

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Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance²
preparation to accommodate chewing and swallowing abilities.	and (b) provide direction to staff regarding needs associated with chewing and swallowing ability; e.g., texture modification • Contract for dietitian or food service supervisor services
2.3.5 Registrants must adopt safe practices for the preparation and delivery of meals.	• Documentation compliance with requirements of Environmental Health Officers in relation to safe food practices; e.g., • Food premises permit • Correspondence • Inspection reports • Staff have 'Food Safe' training • Where residents are involved in the preparation of meals, documentation demonstrates that residents receive the necessary guidance and monitoring to ensure safe practices; e.g., • Resident orientation materials • Instruction sheets • Posted signs with instructions • Resident education modules • Staff are oriented and trained on the safe handling, preparation and serving of food; e.g., • Orientation materials • Training modules • Training specific to residents with special needs, such as blindness or arthritis • Training specific to residents with needs associated with chewing and swallowing abilities; e.g., need for food cut up, texture modification • Records of staff participation in orientation and training, e.g., Food Safe • Spot checks show that residents' special meal time needs are accommodated; e.g. adaptive plates or cutlery • Survey results show resident satisfaction

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Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
	with the delivery of meal services
2.4 24-hour emergency response	
2.4.1 Registrants must provide a 24-hour response to personal emergencies that is appropriate to the needs of the resident population.	• There is a 24-hour response service that incorporates the following: • A means for residents to call for help • Protocols defining response time and the type of response to be provided • Coverage for 24/7 • There is a system that: (a) alerts staff to a resident calling for help, and (b) provides a protocol for locating the resident • Documentation shows that the emergency response system is tested regularly • An emergency response plan shows that the following are readily available to staff on all shifts: (a) directions, appropriate to the resident population, for responding to emergency situations; (b) emergency phone numbers [e.g., police, fire, ambulance]; (c) family contact information • Documentation shows that staff are oriented and trained on the use of the emergency response system and their responses to various situations; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training • Documentation shows that residents are trained in how to use the emergency response system; e.g., • Resident orientation materials • Resident handbook • Resident education modules • For residences where staff are not available 24/7, documentation shows that residents are taught to respond appropriately to emergencies when staff are not on the premises; e.g. • Resident orientation materials • Resident handbook

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Proposed Standard #2: Registrants must ensure hospitality services do not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
	• Resident education modules • A spot check confirms that the activating devices for the call system are readily accessible to residents • Survey results show resident satisfaction with the emergency response service
2.5 Social and recreational opportunities	
2.5.1 Registrants must ensure safe transportation to and from social and recreational outings	• Documentation shows that staff providing resident transportation are oriented and trained for this activity; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training • Survey results show resident satisfaction with the transportation service provided for social and recreational outings
2.5.2 Registrants must offer social and recreational programs that promote the mental wellbeing of residents	• Documentation shows that a variety of social and recreational opportunities are provided for residents on an ongoing basis; e.g., • Posted program of social and recreational events • A spot check confirms that organized social and recreational activities are occurring with residents; e.g., • Activity room • Documentation shows that staff are oriented and trained in the planning and implementation of social and recreational programs for residents; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training • Survey results show resident satisfaction with the social and recreational programs offered by the registrant

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #3: Registrants must ensure sufficient staff are available to meet the service needs of residents and that staff have the knowledge and ability to perform their assigned tasks.	
Policy	Examples of compliance ²
3.1 Management	
3.1.1 Registrants must ensure site management is effective and appropriate for the resident population.	• The documented operating philosophy of the residence reflects the principles and values associated with assisted living • Documentation demonstrates that • policies and procedures are in place to direct all aspects of the operation of the residence that may impact on resident health and safety • a quality assurance / quality improvement program is in place, and • audits or reviews of residence operations have been conducted • effective and appropriate hiring practices are in place; e.g., • position requirements are defined and appropriate to the role • recruitment and selection practices are in place • reference checks are documented • all staff have job descriptions and have been issued clear instructions and/or statements of expectations regarding their work • where services are contracted out, the contract stipulates that the contractor must hire qualified and appropriate staff • Survey results show resident satisfaction with management of the residence. • The complaint history for the residence does not indicate problems with the management of the residence

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #3: Registrants must ensure sufficient staff are available to meet the service needs of residents and that staff have the knowledge and ability to perform their assigned tasks.	
Policy	Examples of compliance ⁷
3.2 Staffing levels	
3.2.1 Registrants must ensure staffing levels are sufficient to meet the hospitality service needs of residents and deliver the personal assistance services offered.	• Survey results show resident satisfaction with service levels • The staffing plan includes adequate coverage for vacations, illnesses and other absences • Documentation suggests adequate staffing levels; e.g., • Responses to residents' personal emergency calls occur within the time frames set out in residence policy • Scheduled services are provided on time • The Registrar's complaint history for the residence does not indicate problems with staffing levels
3.2.2 Registrants must have plans in place to address situations where there is a disruption to the residence's regular work force.	• A written contingency plan outlines strategies for dealing with situations where regular staff are not available due to job action, including general strikes or any other reason.
3.3 Staff qualifications and ongoing training	
3.3.1 Registrants must ensure that staff have qualifications consistent with their job responsibilities. Staff providing personal assistance services must have home support/care aide certification from an accredited educational institution, or an equivalent combination of education and experience.	• Job descriptions, including duties and position qualifications, are in place for each position • Personnel records show that staff meet the position requirements • Personnel records, along with staff schedules and work assignments, demonstrate that staff providing personal assistance services have the college home support/care aide certification or an equivalent combination of education and experience • Documentation demonstrates that staff

⁷ Staff includes employees, practicum students and volunteers performing staff functions.

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #3: Registrants must ensure sufficient staff are available to meet the service needs of residents and that staff have the knowledge and ability to perform their assigned tasks.	
Policy	Examples of compliance ²
	qualifications and competencies are kept current • Survey results show resident satisfaction with the knowledge and skills of staff
3.3.2 Registrants must provide staff orientation and ongoing training to develop and maintain the knowledge and skills of staff.	• Documentation of staff orientation shows that staff have been oriented to all key areas of service delivery; e.g. • Orientation checklist completed at the time of hiring or major change • Documentation shows that staff orientation and ongoing training is appropriate, considering staff responsibilities, and the profile and needs of the resident population; e.g., • Staff orientation materials • Training modules • Staff education and training records
3.4 Delegated tasks	
3.4.1 Registrants must ensure appropriate delegation of professional tasks ⁸ to nonprofessional staff, consistent with the Ministry of Health Services <u>Personal Assistance Guidelines</u> .	• Documented policies and procedures defining the delegation of tasks: (a) are consistent with the provincial "<u>Personal Assistance Guidelines</u>" and (b) set out the delegation process, including requirements for a health professional to: ○ Assess needs associated with the delegated task ○ Educate and train non-professional staff ○ Oversee the implementation of the task and monitor ongoing delivery • Documentation shows that delegation occurs according to policies and procedures

⁸ In addition, licensed practical nurses can assign a task to a non-professional staff member, provided the task is already within the education and knowledge base of the staff member. Licensed practical nurses can not educate or train non professional staff to perform a task that is not already within their scope of education and knowledge.

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Proposed Standard #3: Registrants must ensure sufficient staff are available to meet the service needs of residents and that staff have the knowledge and ability to perform their assigned tasks.

Policy	Examples of compliance ²
	• The resident's <i>personal services plan</i>³ identifies: (a) the delegated tasks, (b) the requirements specific to these tasks, and (c) the professional who delegated the tasks

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #4: Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.	
Policy	Examples of compliance ²
4.1 Entry	
4.1.1 Registrants must fully inform prospective residents about the hospitality and personal assistance services ⁹ offered in the residence.	• There are written policies related to: • 'end of life' arrangements and circumstances where death in place can be accommodated • the criteria or triggers that indicate the need for an increase, decrease or other change in services • the criteria or triggers that require development of an 'exit plan' • There is documentation informing prospective residents of entry and exit criteria, residence policies and available services; e.g., • Brochure, resident orientation handbook or other literature • Copy of occupancy agreement
4.1.2 Registrants must screen residents for suitability in relation to building design features, personal assistance services offered, and ability to make decisions on their own behalf.	• Documentation demonstrates a screening process is in place to identify suitable residents; e.g., • Resident profile • Screening criteria • Pre-occupancy interview checklist
4.2 Exit plans	
4.2.1 Where a resident's needs exceed the service delivery capacity of the residence or the resident becomes unable to make decisions on their own behalf, a registrant must develop an exit plan in consultation with the resident, their physician, support network and health authority, if appropriate.	• Documentation shows there is a process for developing exit plans in consultation with the resident, their physician, family and support network, and the health authority if appropriate; e.g., • Policies and procedures • Resident manual • Where resident's are awaiting transfer out of the residence, spot checks show that <i>personal services plans</i>³ include an exit plan • Exit plans show resident has applied for

⁹ Assistance with bathing, dressing, taking medications, making routine purchases or banking and special diet requirements; and rehabilitation services.

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Proposed Standard #4: Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.

Policy	Examples of compliance ²
	and is on wait/access lists for other forms of care/housing
4.2.2 Registrants must ensure that exit plans include strategies for providing increased services to minimize risk and meet the higher care needs of residents awaiting a move out of the residence.	• Exit plans show the assessment of increased risk and service response for those awaiting exit from the residence; e.g., • If required, resident and/or family has arranged for operator to provide increased service • If required, health authority is providing added community health supports or home support services to residents awaiting placement in a licensed community care facility

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Proposed Standard #5: Registrants must develop and maintain <i>personal services plans</i> that reflect each resident's needs, risks, service requests and service plan.	
Policy	Examples of compliance ²
5.1 Personal services plans 5.1.1 In conjunction with each resident, the registrant must develop a <i>personal services plan</i> ³ upon their entry to the residence. The plan must be reviewed on a regular basis and updated as the resident's needs change.	• A qualified person¹⁰ develops the <i>personal services plans</i> • Documentation shows there is a process to develop and maintain <i>personal services plans</i>, e.g., • Establishing an initial plan at the point of entry • Monitoring the resident's condition and the ongoing appropriateness of the personal services plan • Updating the plan based on changes to the resident's condition • Residents participate in personal service planning; e.g., • the resident, family and their support network are involved in the process of developing, reviewing and updating personal services plans • agreement with the plan is obtained from the resident • Documentation shows that staff are oriented and trained in the use of <i>personal services plans</i>; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training • Documentation shows that education is provided for residents, family and friends aimed at supporting residents to maintain their independence to the degree possible • Spot checks show that: (a) all personal assistance services or unique hospitality services being provided are addressed in the <i>personal services plan</i>, (b) <i>personal</i>

¹⁰ Qualified person refers to an individual who, in the opinion of the registrant, has the necessary experience, training and skills to perform this activity.

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Proposed Standard #5: Registrants must develop and maintain <i>personal services plans</i> that reflect each resident's needs, risks, service requests and service plan.	
Policy	Examples of compliance ²
	<i>services plans</i> have been approved by the resident, and (c) <i>personal services plans</i> are reviewed at regular intervals
5.1.2 Registrants must respect the personal decisions of residents and accommodate a resident's right to take risks, as long as the risks do not place other residents or staff in jeopardy.	• Written policies are in place that balance resident choice with risks to self and others • Written policies show ways to mitigate risks; e.g. • Disable appliances • Negotiate appropriate locations for residents to smoke • Negotiate restrictions related to drinking where associated safety issues have been identified for the resident or others

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Proposed Standard #6: Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
6.1 Activities of daily living	
6.1.1 Registrants must deliver ADL in accordance with provincial <u>Personal Assistance Guidelines</u> ¹¹ and in such a way as to promote the safety and independence of residents.	• Policies and procedures are consistent with the provincial <u>Personal Assistance Guidelines</u> • Spot checks show appropriate provision of ADL services in accordance with residence policy and the provincial <u>Personal Assistance Guidelines</u> • Resident and staff surveys indicate satisfaction with the delivery of ADL services
6.2 Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication	
6.2.1 Registrants must deliver medication services in accordance with the Registrar's <u>Medication Services and Standards of Practice Guidelines</u> ¹² and in such a way as to promote the safety and independence of residents.	• Documentation and observation show compliance with the standards of practice contained in the <u>Medication Services and Standards of Practice Guidelines</u> • Resident and staff surveys indicate satisfaction with the delivery of ADL services
6.3 Maintenance or management of resident cash resources or property	
6.3.1 Where financial services are provided at the support level, registrants must develop and maintain a system of accounting.	• Documentation shows that a system is in place to record transactions; e.g., • A record of residents requesting service • A record of transactions/payments • Regular resident statements • Resident authorization for each transaction • Spot checks show appropriate recording of services and transactions

¹¹ Ministry of Health Services, January 1997. Available on the Registrar's website or from the Registrar's office.

¹² Office of the Assisted Living Registrar, July 2004. Available on the Registrar's website or from the Registrar's office.

Office of the Assisted Living Registrar

Proposed Health and Safety Standards and Related Policies

Proposed Standard #6: Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.	
Policy	Examples of compliance ²
	• Surveys indicate resident satisfaction with the financial services
6.3.2 Where financial services are provided at the prescribed services level, registrants must develop and maintain a system of accounting under the supervision of a professional accountant.	• Documentation shows that a system is in place to record transactions and keep funds secure and accessible to residents; e.g., • A record of residents receiving this service • Individual resident trust accounts and property records • Annual independent audits • Regular resident statements • Resident authorization for transactions • Property inventory list • Spot checks show appropriate handling of resident cash and property; e.g., • Secure storage for funds and belongings • Residents have reasonable access to financial records and their funds • Surveys indicate resident satisfaction with the handling of their cash and property • Documentation verifies the involvement of a professional accountant in the development, maintenance and supervision of the accounting system for residents receiving this assistance at the prescribed service level; e.g., • Contract with accountant • Correspondence with accountant • Reports from accountant

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Proposed Health and Safety Standards and Related Policies

Proposed Standard #6: Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.	
Policy	Examples of compliance ¹³
6.4 Monitoring of food intake or therapeutic diets	
6.4.1 Registrants must ensure that, where the monitoring of food intake or therapeutic diets is provided at the prescribed services level, a registered dietitian monitors the resident's health and nutritional status.	• Policies and procedures associated with this prescribed service set out the roles of staff and the registered dietitian in: (a) monitoring of food and fluid intake, (b) determining, charting and monitoring residents' weights, (c) assessing a resident's nutritional status, and (d) monitoring the appropriateness of a resident's special or therapeutic diet and modifying the diet where indicated • Employment of or contract with registered dietitian, or verification of access to community dietitian • Dietitian consultation reports
6.5 Psychosocial Rehabilitation or Intensive Physical Rehabilitation or Structured Behavioural Programming	
6.5.1 Registrants must ensure that qualified professionals ¹³ : (a) assess residents (or potential residents) and develop a written rehabilitation plan for each resident, (b) delegate tasks to non-professional staff, (c) train the residence's nonprofessional staff to perform delegated tasks, and (d) coordinate and oversee implementation of the plan and the ongoing delivery of the rehabilitation or programming services.	• Policies and procedures associated with these prescribed services set out: (a) how professional services are acquired – by employment, contractual arrangement or delivered separately through an external public or private agency, (b) the respective roles of the professional and the non-professional staff of the residence, and (c) prevent non-professional staff from undertaking professional tasks without appropriate delegation from a professional • The resident's <i>personal services plan</i> contains a rehabilitation plan that is: (a) developed by the professional, and (b) contains sufficient detail to guide

¹³ For psychosocial rehabilitation, qualified professional (case manager) includes primary care physician, psychiatrist, professional working from a mental health centre, professional in private practice, professional working from an alcohol and drug clinic. For intensive physical rehabilitation, qualified professional includes primary care physician, registered physical therapist or occupational therapist. For structured behavioural programs, qualified professional includes primary care physician, psychiatrist, social worker, and rehabilitation professional in public or private practice.

Office of the Assisted Living Registrar
Proposed Health and Safety Standards and Related Policies

Proposed Standard #6: Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.	
Policy	Examples of compliance²
	nonprofessional staff • Documentation shows that non-professional staff have been oriented and trained for the services they are delivering and have received external professional training and oversight relative rehabilitation plans; e.g., • Orientation materials • Staff training modules • Records of staff participation in orientation and training, including individualized training provided by the professional • Spot checks show non-professional staff are performing tasks according to the rehabilitation plan

Office of the Assisted Living Registrar
Assisted Living Medication Services Standards of Practice Guidelines

The following apply to all levels of medication service.

The operator has written policies and procedures that:

- describe the scope and level of medication services offered to residents;
- support/promote the self-administration and in suite storage of medications by residents;
- detail the requirements for certification¹ and/or in-service training² for staff involved in delivering medication services; and
- address how medication errors³ are handled, e.g., record, monitor and follow up.

Staff may physically assist residents who are fully able to self-direct the taking of their medications, e.g., open medication packaging, put medications in resident's hand, steady a resident's hand.

A resident's medication service is documented in their personal services plan. Operators monitor resident's ability to manage. Incidents or a decline in health status will trigger operator to review with the resident, their family and physician whether a change in medication service is needed. Operator notifies resident's physician of any apparent negative reaction to medication.

Registered nurses and licensed practical nurses (LPNs)⁴ employed by an operator may administer PRN⁵ medications or injectible medications (e.g., daily insulin, monthly B12 or annual vaccines).

The Ministry of Health Services' Personal Assistance Guidelines will apply to medication services in assisted living residences.

¹ Successful completion of a medication administration module for home support workers/residential care aides from an accredited educational institution.

² General orientation and training on the safe and effective storage, handling and administration of medications.

³ Errors in the storage, handling or administration of medications.

⁴ LPNs must be certified in the administration of medications.

⁵ PRNs are medications that do not have to be taken at a certain time and are taken as needed.

Office of the Assisted Living Registrar
Assisted Living Medication Services Standards of Practice Guidelines

Level of service	Occupant profile	Description	Storage	Standard of practice
Support services				
1 – Self administration	Resident participates in and directs own service plan with no staff support, except physical assist if required. Resident is alert, with no memory impairment.	- Operator provides no assistance. - Resident is fully independent in medication administration, including ordering and receiving medications from pharmacy.	In suite, resident controls access.	- Resident has choice of own or residence pharmacist. - Compliance packaging⁵ is not required but resident may choose to arrange it with their pharmacy. - Residents may designate (in writing) that operator receives their medications.
2 – Reminder with no follow-up or documentation	Resident participates in and directs own service plan with periodic staff support. Resident is cognitively alert, with minimal short term memory impairment.	- Operator provides reminders with no follow up. - Resident is fully independent in medication administration, including ordering and receiving medications from pharmacy.	In suite, resident controls access.	- Resident has choice of own or residence pharmacist. - Compliance packaging is not required but resident may choose to arrange it with their pharmacy. - Residents may designate (in writing) that operator receives their medications.

⁵ Compliance packaging means that all medications for a given medication time are packaged together.

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Assisted Living Medication Services Standards of Practice Guidelines

Prescribed services				
3 – Remind, observe and record whether medications are taken or not	Resident participates in and directs own service plan with ongoing staff support, support from live-in spouse, or family support. The resident experiences mild memory impairment and/or is in the early stages of dementia, requiring cues and reminders on a consistent basis.	- Operator provides a reminder, observes and records whether a resident takes their medications for a given date and time, and follows up on missed medication as directed in the resident's personal services plan. - If resident is unable to secure own medications, operator may secure the medications in resident's room or centrally. - If secured, medications are provided to residents at indicated times. - Residents may designate (in writing) that operator staff initiate refills and/or receive their medications. - Operator staff observe/report effects of medications on resident. - Operator staff may provide PRN prescription medication according to a protocol documented in the resident's personal services plan.	In suite; access controlled by resident or operator. Central; access controlled by operator.	- Per the Personal Assistance Guidelines, this level of medication administration must be done by a registered nurse or a LPN who is certified in medication administration. Registered nurses can delegate medication tasks to an unregulated service provider. LPNs can assign medication tasks to unregulated service providers who are trained in medication administration⁷. - Operator may recommend using residence pharmacist (so that all compliance packaging is the same) but resident retains choice. - With central storage, either staff take medication to resident or resident obtains it from staff. - Operator is required to consult with a pharmacist regarding the operator's medication storage and distribution policy. A record of the pharmacist's consultation is available for review by the Registrar on request. - Policies and procedures exist for return of unused medications to pharmacy. - Compliance packaging is required for non-PRN prescription medications. - Operator is responsible for documenting the protocols associated with staff administration of PRN medications and training staff to follow the protocols. - PRN prescription medication must be monitored-dose packaged⁸ or appropriately labeled by the pharmacist in those instances when the form of the medication does not permit such packaging (e.g., liquids, inhalers, eye drops). - Operator reports to the Registrar errors in the administration of medications that result in emergency intervention or transfer to hospital. - Operator maintains a log of medication errors that do not

⁷ The LPN must be certified in medication administration and the unregulated care provider must have successfully completed a medication administration module for home support workers/residential care aides from an accredited educational institution.

⁸ Each pill is placed in a separate blister so the rate of use is clearly evident.

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Assisted Living Medication Services Standards of Practice Guidelines

				require medical attention and the log is available for review by the Registrar on request.
4 – temporary administration	Residents may be palliative, convalescent, or transitional (awaiting placement in a residential care facility) and are unable to make decisions about taking medications.	• Provided by exception, for up to 90 days. • Operator determines medications for a given time, gives to resident, and records medications by person, date and time. • If resident is unable to secure own medications, operator may secure the medications in resident's room or centrally. • Operator initiates refills and receives delivery of medications. • Operator staff observe/report effects of medications on resident. • Operator staff may provide PRN prescription medication according to a protocol documented in the resident's personal services plan.	In suite; access controlled by operator. Central; access controlled by operator.	• Per the Personal Assistance Guidelines, this level of medication administration must be done by a registered nurse or by an LPN who is certified in medication administration. Registered nurses can delegate medication tasks to an unregulated service provider. LPNs can assign medication tasks to unregulated service providers who are trained in medication administration⁷. • Drug information sheets are stored with the resident's medications and other medical records. • Operator may use residence pharmacist. • Operator is required to consult with a pharmacist regarding the operator's medication storage and distribution policy. A record of the pharmacist's consultation is available for review by the Registrar on request. • Compliance packaging is required for non-PRN prescription medications. • Operator is responsible for documenting the protocols associated with staff administration of PRN medications and training staff to follow the protocols. • PRN prescription medication must be monitored-dose packaged or appropriately labeled by the pharmacist in those instances when the form of the medication does not permit such packaging (e.g., liquids, inhalers, eye drops). • Operator reports to the Registrar errors in the administration of medications that result in emergency intervention or transfer to hospital. • Operator maintains a log of medication errors that do not require medical attention and the log is available for review by the Registrar on request.